## PLEASE TYPE OR PRINT

|                   | NE PAY  | (Last Name Last)  |
|-------------------|---|---|
| 692 D             | UXBURY  | DR. , BEREA   |
| 7 Tel. (216       | - 826   | 3569  |
| Area Code         |   |   |
| Street            |   | City  |
| Tel. (            |   |   |
| Area Code         |   |   |
| ess is in what co | unty?C  | DYAHOGA   |
| ga County         | Yes 🗆 No  |   |
|                   |   |   |
|                   | Museum.   |   |
|                   | Tel. (216) Area Code  Street  Tel. (  Area Code  ress is in what co  ress is in what co | Tel. ( )  Area Code  ress is in what county?  ga County  (If Any)  t accepted or not sold: bick up entries at Museum. |

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Charlene Payton

|   | 1. Paintings 4. Sculptur                                 |                   |  |   |
|---|--|-------------------|--|---|
| Medium or Mate  | 0  | sl.               |  |   |
| 10  | SWAMP"   |                   |  |   |
| Title   |  |                   |  |   |
| #500.   | Insurance Va<br>If NFS Only                              | lue               | Size 6                                     | x 4'                                    |
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|   | •  |                   | 3-19                                       | TH                                      |
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|   | 1. Painting  |                   |  |   |
|   | 4. Sculptur  |                   |  |   |
| Medium or Mate  | 4. Sculptur  | e □5. Electr      | ic   6. Craf                               | fts                                     |
| Medium or Mate  | 4. Sculptur  | e □5. Electr      | ic   6. Craf                               | fts                                     |
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1973 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Please keep address within this box for window envelope.

| Name            | CHARLENE PAYTON       |
|-----------------|-----------------------|
| Address         | 692 DUXBURY DRIVE     |
| City<br>& State | BEREA, OHIO Zip 44017 |

## PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

| CATEGORY ☑1. Paintings □2. Graphic<br>ENTRY ONE □4. Sculpture □5. Electric |              |          |
|--|--------------|----------|
| Medium or Materials  |              |          |
| "SWAMP"  |              |          |
| Title  |              |          |
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| Notification of Acceptance or Reject                                       | tion         | 00 7     |
| _ CHARLENE PAYTON  | )            | NOT D    |
| Type or print name of artist  This is your only receipt to claim you       | ur object(s) | DETAC    |
| This notification will be mailed to you follo                              |              | CH       |
| This notification will be mailed to you follow                             | 1. 1         | 1        |
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